

<b>Case Number:</b>	CM15-0013412		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial injury on June 6, 2011. He reported lower back problems. The diagnoses have included lumbar spine disc rupture and lumbar radiculopathy. Treatment to date has included diagnostic studies, epidural steroid injection, acupuncture, physical therapy, TENS (transcutaneous electrical nerve stimulation), home exercise program, and muscle relaxant, topical, anti-epilepsy, and non-steroidal anti-inflammatory medication. On November 11, 2014, the treating physician noted lower back pain radiating to the right leg. The injured worker has had left leg and knee pain for the past month, which he thinks is due to favoring his left leg for weight bearing. He was not interested in a third epidural steroid injection. The physical exam revealed intact sensation of the left anterior thigh, mid-lateral calf, and lateral ankle. The treatment plan included an orthopedic consultation. On December 30, 2014 Utilization Review non-certified a request EMG (electromyography) of the bilateral lower extremities, noting the prior electrodiagnostic study of the bilateral lower extremities from February 7, 2013, and lack of documentation of rationale for a repeat EMG (electromyography) and how it will guide future treatment. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guideline and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**EMG of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): tables 12-8 and 13-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** No, the request for EMG testing of the right lower extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed not recommended for applicants with a clinically obvious radiculopathy. Here, the applicant reported ongoing complaints of low back pain radiating to the right leg. The attending provider concurrently sought MRI imaging of the lumbar spine, which, if positive, would likely obviate the need for the proposed EMG testing of the right lower extremity. The attending provider did not, furthermore, clearly furnish a history or record of what treatment, treatments, and/or diagnostic studies had transpired through this point in time. Therefore, the request was not medically necessary.

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): tables 12-8 and 13-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Similarly, the request for EMG testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of EMG or NCV testing of asymptomatic body parts is deemed not recommended. Here, all of the applicant's radicular pain complaints were seemingly confined to the symptomatic right lower extremity. There was no mention of the applicant's having issues with left lower extremity neuropathic pain on or around the date in question, December 8, 2014. Therefore, the request for EMG testing of the asymptomatic left lower extremity was not medically necessary.